## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/522541

| CLAIMS AS FILED - PART I  |  |                                 |   |                        |  |                  | SMALL ENTITY        |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|---|--|---------------------------------|---|------------------------|--|------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
|   |  |                                 | (Colum  | n 1)                   | (                                      | Column 2)        | TYPE                |                        | 1                          | - SMALL C           |                        |
| U.S. NATIONAL STAGE FEES  |  |                                 |   |                        |  |                  | RATE                | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE   |  |                                 | SMALL ENT   | SMALL ENT. = \$ 150    |  | GE ENT. = \$ 300 | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                  |                        | All other situations = \$ 100 / \$ 200 |                  | EXAM. FEE           |                        |                            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |                                 | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$ 200/\$400 |                        | All other situations = \$ 250 / \$ 500 |                  | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |                                 | minus 100 =   |                        |  | / 50 =           | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | 14 mi   | nus 20 =               | •                                      |                  | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INDI  | EPENDENT CL                                    | AIMS                            | 2 "   | ninus 3 =              | •                                      |                  | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                   | ESENT   |                        |  |                  | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |                                 |   |                        |  |                  | TOTAL               |                        | OR                         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |                                 |   |                        |  |                  | SMALL E             | ADDI-                  | OR                         | OTHER<br>SMALL E    | ADDI-                  |
| AMENDMENT A   | ·  | REMAINING<br>AFTER<br>AMENDMENT |   | PREVIO                 | DUSLY                                  | PRESENT<br>EXTRA | RATE                | TIONAL<br>FEE          |                            | RATE                | TIONAL<br>FEE          |
|   | Total  | *                               | Minus   | **                     |  | =                | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | •                               | Minus   | ***                    |  | =                | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   |  | ENTATION OF M                   | ULTIPLE DEP   | ENDENT (               | CLAIM                                  |                  | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |  |                                 |   |                        |  |                  | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADOIT.        |                        |
|   |  | (Column 1)                      |   | (Colun                 | na 2)                                  | (Column 3)_      |                     |                        | r 1                        |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER    |   | HIGH<br>NUMI<br>PREVIO | EST<br>BER<br>XUSLY                    | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | AMENDMENT                       | Minus   | **                     |  | =                | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    |                                 | Minus   | ***                    |  | =                | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |   |                        |  |                  | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |  |                                 |   |                        |  |                  | TOTAL ADDIT.        |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|   |  |                                 |   |                        |  |                  |                     |                        |                            |                     |                        |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".

<sup>&</sup>quot;If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.